

Kin-GAP MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME

BIRTH DATE

CASE NUMBER

I request that the _____ County Welfare Department maintain my Kin-GAP payment until the completion of my education/training by age 19.

Recognizing my responsibility, I agree to:

1. Assist the welfare department in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Keep the welfare department informed of my progress with my education/training program.
3. Give reasonable notice if I leave my guardian's home for more than a temporary absence.

SIGNATURE OF Kin-GAP YOUTH

Kin-GAP YOUTH'S ELIGIBILITY WORKER

ADDRESS

ADDRESS

HOME PHONE

OFFICE PHONE

ALTERNATE

DATE